

NOTICE: Claim and Mail Correspondence

March, 2021

Dear provider,

As a reminder, effective 8/15/2019 Health Choice implemented a policy to enhance the management of paper claim submissions. All paper claims for Health Choice Arizona and Health Choice Pathway need to be sent to the following mailing address.

Please update our healthplan name within your records/practice management software as provided within this communication.

Health Choice Arizona (AHCCCS)
P.O. BOX 52033, PHOENIX, AZ 85072-2033

Health Choice Pathway (Medicare Advantage)
P.O. BOX 52033, PHOENIX, AZ 85072-2033

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

Health Choice Arizona Payer ID# 62179
Health Choice Pathway Payer ID# 62180

No Staple Required

Please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim and each page of documentation should indicate the claim number.

Prior Authorization Number

Submit claims with the full and complete Prior Authorization number reported, including leading zeros.

Sending Documentation to a specific department?

Help us stay efficient in getting your mail to the correct department, please indicate which Department your mail should be directed to:

Health Choice Arizona OR Health Choice Pathway,
Attention: SPECIFIC DEPARTMENT,
410 N. 44th Street, Suite #900
PHOENIX, AZ 85008

Thank you for your continued commitment to serving our members. If you have any questions, please reach out to your Network Service Provider Performance Representative.

